



Smith River Rancheria

Tribal Employment Rights Office

Job Placement and Training

Application for Assistance



Name (Last, First, Middle Initial): _____

Address: _____
City State Zip

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Are you enrolled with Smith River Rancheria? Yes _____ No _____, Roll Number: _____

Social Security #: _____, Marital Status: Single _____ Married _____

Applying for: job placement assistance _____ vocational assistance _____

Have you had previous training? Yes ___ No ___, Type and date of training completed _____

Have you completed: GED _____, High school _____, Years of college _____, Major in college _____

What type of employment or training are you requesting assistance with? _____

Training or employment location: _____

School/ Employer and address: _____

City State zip

Contact person and phone number

Course number and/or title: _____

Projected date to complete training: _____

Do you have income from any source? Yes _____, No _____, If yes, please list: _____

TERO Office Use Only

Job offer or training enrollment verified. _____, Self-Sufficiency plan completed & signed _____

Smith River Rancheria enrollment verified. _____, Date services provided _____

TERO Signature

Date